

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning****, and ending**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization** SOUTH CENTRAL OKLAHOMA CHRISTIAN B

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

PO BOX 1343

City or town, state or country, and ZIP + 4

ADA

OK

74820

**D Employer identification number**

73-1435888

**E Telephone number**

(580) 332-0902

**G Gross receipts \$**

1,163,704

**F Name and address of principal officer**

RANDALL CHRISTY PO BOX 1343, ADA, OK 74820

**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

**I Tax-exempt status** ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ thegospelstation.com**H(c) Group exemption number** ▶**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1991**M State of legal domicile** OK**Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities: TO SPREAD THE GOSPEL OF JESUS THROUGH MUSIC TO THOUSANDS OF LISTENERS ON A DAILY BASIS TO NURTURE SPIRITUAL GROWTH AND TO PROVIDE AN ALTERNATIVE TO SECULAR MUSIC

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a)

3

3

**4** Number of independent voting members of the governing body (Part VI, line 1b)

4

3

**5** Total number of employees (Part V, line 2a)

5

19

**6** Total number of volunteers (estimate if necessary)

6

25

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12

7a

0

**b** Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

**8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

159,644

155,407

**9** Program service revenue (Part VIII, line 2g)

498,940

779,872

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

828,497

60,670

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

87,113

111,380

**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,574,194

1,107,329

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)

248,195

0

**14** Benefits paid to or for members (Part IX, column (A), line 4)

0

0

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

318,446

379,830

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0

0

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶

0

0

**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)

690,945

698,368

**18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,257,586

1,078,198

**19** Revenue less expenses. Subtract line 18 from line 12

316,608

29,131

Net Assets or Fund Balances

**20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

729,491

1,069,784

**21** Total liabilities (Part X, line 26)

574,037

875,345

**22** Net assets or fund balances Subtract line 21 from line 20

155,454

194,439

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Type or print name and title

Date

11/10/10

**Paid Preparer's Use Only**

Preparer's signature

Date

11/4/2010

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

SHERRI OWEN-CALAWAY CPA PC  
310 E 12TH, ADA, OK 74820

EIN ▶

Phone no ▶ (580) 436-1066

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2009)

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**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

TO SPREAD THE GOSPEL OF JESUS THROUGH MUSIC TO THOUSANDS OF LISTENERS ON A DAILY BASIS TO NUTURE SPIRITUAL GROWTH AND TO PROVIDE AN ALTERNATIVE TO SECULAR MUSIC

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ 0 including grants of \$ \_\_\_\_\_ 0) (Revenue \$ \_\_\_\_\_ 0)

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ 0 including grants of \$ \_\_\_\_\_ 0) (Revenue \$ \_\_\_\_\_ 0)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ 0 including grants of \$ \_\_\_\_\_ 0) (Revenue \$ \_\_\_\_\_ 0)

**4d** Other program services. (Describe in Schedule O )

(Expenses \$ 838,358 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses ► 838,358

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X . . . . .		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	41
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	19
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	X
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	1a	3
<b>b</b> Enter the number of voting members that are independent	1b	3
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
<b>6</b> Does the organization have members or stockholders?	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
<b>13</b> Does the organization have a written whistleblower policy?	13	X
<b>14</b> Does the organization have a written document retention and destruction policy?	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official.	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► OK

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SHARLA FREDERICK 580-456-7856  
4200 CR 1610, 74865







**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns	<b>1a</b>	0			
	<b>b</b>	Membership dues	<b>1b</b>	0			
	<b>c</b>	Fundraising events	<b>1c</b>	20			
	<b>d</b>	Related organizations	<b>1d</b>	127,217			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	0			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	28,170			
	<b>g</b>	Noncash contributions included in lines 1a-1f. \$			0		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f			155,407		
	<b>Program Service Revenue</b>	<b>2a</b>	BUSINESS SPONSORSHIP INCOME	Business Code 515100	480,589	480,589	
<b>b</b>		CHURCH SPONSORSHIP INCOME	515100	47,607	47,607		
<b>c</b>		INDIVIDUAL SPONSORSHIP INCOME	515100	239,591	239,591		
<b>d</b>		GOSPEL CONCERTS	711130	12,085	12,085		
<b>e</b>				0			
<b>f</b>		All other program service revenue		0			
<b>g</b>		<b>Total.</b> Add lines 2a-2f			779,872		
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		170	170	
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0			
	<b>5</b>	Royalties		0			
	<b>6a</b>	Gross Rents	(i) Real (ii) Personal 39,390				
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)	0 39,390				
	<b>d</b>	Net rental income or (loss)		39,390	39,390		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 0 60,500				
	<b>b</b>	Less cost or other basis and sales expenses	0 0				
	<b>c</b>	Gain or (loss)	0 60,500				
	<b>d</b>	Net gain or (loss)		60,500	60,500		
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	<b>a</b> 0				
	<b>b</b>	Less direct expenses	<b>b</b> 0				
	<b>c</b>	Net income or (loss) from fundraising events		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19	<b>a</b> 0				
	<b>b</b>	Less direct expenses	<b>b</b> 0				
	<b>c</b>	Net income or (loss) from gaming activities		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>a</b> 128,365				
	<b>b</b>	Less cost of goods sold	<b>b</b> 56,375				
	<b>c</b>	Net income or (loss) from sales of inventory		71,990	71,990		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>			0				
<b>b</b>			0				
<b>c</b>			0				
<b>d</b>	All other revenue		0				
<b>e</b>	<b>Total.</b> Add lines 11a-11d			0			
<b>12</b>	<b>Total revenue.</b> See instructions			1,107,329	951,922	0	0

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	114,645	61,710	52,935	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	238,193	229,913	8,280	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
<b>9</b>	Other employee benefits . . . . .	0			
<b>10</b>	Payroll taxes . . . . .	26,992	23,304	3,688	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	0			
<b>c</b>	Accounting . . . . .	1,350		1,350	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	232,295	232,295		
<b>12</b>	Advertising and promotion . . . . .	6,340	6,340		
<b>13</b>	Office expenses . . . . .	23,315		23,315	
<b>14</b>	Information technology . . . . .	18,589	6,332	12,257	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	36,247		36,247	
<b>17</b>	Travel . . . . .	15,305	15,305		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	32,801		32,801	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	107,917	99,568	8,349	0
<b>23</b>	Insurance . . . . .	35,100		35,100	
<b>24</b>	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b>	SEE ATTACHED LIST . . . . .	189,109	163,591	25,518	
<b>b</b>	. . . . .	0			
<b>c</b>	. . . . .	0			
<b>d</b>	. . . . .	0			
<b>e</b>	. . . . .	0			
<b>f</b>	All other expenses . . . . .	0			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	1,078,198	838,358	239,840	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	76,655	1	79,029		
	2 Savings and temporary cash investments . . . . .	25,000	2	25,000		
	3 Pledges and grants receivable, net . . . . .	53,870	3	75,258		
	4 Accounts receivable, net . . . . .	0	4	0		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6			
	7 Notes and loans receivable, net . . . . .	2,980	7	220,000		
	8 Inventories for sale or use . . . . .	18,399	8	19,229		
	9 Prepaid expenses and deferred charges . . . . .	23	9			
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a	947,249			
	b Less accumulated depreciation . . . . .	10b	535,262	464,374	10c	411,987
	11 Investments—publicly traded securities . . . . .	0	11	0		
	12 Investments—other securities. See Part IV, line 11 . . . . .	0	12	0		
	13 Investments—program-related. See Part IV, line 11 . . . . .	0	13	0		
	14 Intangible assets . . . . .	87,370	14	238,461		
	15 Other assets. See Part IV, line 11 . . . . .	820	15	820		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	729,491	16	1,069,784			
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	63,795	17	55,236		
	18 Grants payable . . . . .		18			
	19 Deferred revenue . . . . .		19			
	20 Tax-exempt bond liabilities . . . . .	0	20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22			
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0		
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0		
	25 Other liabilities. Complete Part X of Schedule D . . . . .	510,242	25	820,109		
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	574,037	26	875,345		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27 Unrestricted net assets . . . . .		27			
	28 Temporarily restricted net assets . . . . .		28			
	29 Permanently restricted net assets . . . . .		29			
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>					
	30 Capital stock or trust principal, or current funds . . . . .		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31			
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	155,454	32	194,439		
	33 <b>Total net assets or fund balances . . . . .</b>	155,454	33	194,439		
	34 <b>Total liabilities and net assets/fund balances . . . . .</b>	729,491	34	1,069,784		

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both . . . . .

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

SOUTH CENTRAL OKLAHOMA CHRISTIAN BROADCASTING, INC.

Employer identification number

73-1435888

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	0	0				0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0				0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	0	0				0
<b>11 Total support.</b> Add lines 7 through 10						0

**12** Gross receipts from related activities, etc. (see instructions) **12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ► ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0				0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
<b>6</b> <b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☒

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

SOUTH CENTRAL OKLAHOMA CHRISTIAN BROADCASTING, INC.

73-1435888

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . . . . .

4 Number of states where property subject to conservation easement is located ▶ . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ . . . . .

b Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other .....

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	0
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	0

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	0				
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0			

**2** Provide the estimated percentage of the year end balance held as:

**a** Board designated or quasi-endowment ☐ %

**b** Permanent endowment ☐ %

**c** Term endowment ☐ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	25,620		25,620
<b>b</b> Buildings	0	67,877	6,086	61,791
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	762,201	454,466	307,735
<b>e</b> Other	0	91,551	74,710	16,841

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☐ 411,987

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	0	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)	0	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	0

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	0
FIRST AMERICAN BANK	50,001
JAMES AND VERA DUNN	68,006
FIRST UNITED BANK	352,856
FIRST UNITED BANK	349,246
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	820,109

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,107,329
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,078,198
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,131
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	29,131

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

SOUTH CENTRAL OKLAHOMA CHRISTIAN BROADCASTING, INC

73-1435888

PART VI, SECTION C, LINE 19--THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO  
THE PUBLIC UPON REQUEST

Miscellaneous Statement

1	FORM 990
2	PART-V-A LINE 75 B
3	PLEASE BE ADVISED THAT RANDALL CHRISTY, PRESIDENT, IS THE BROTHER OF SHARLA FREDERICK, SEC/TREA
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10	
11	
12	

## Form 4562 Statement - 990

12/31/2009

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec., 179 Bonus	2009 Deprec	2009 Accum Deprec
195	KVAZ STUDIO BUILD	3/24/2007	F-10	100.00%	4,880	0	0	0	4,880	7	200DB	HY	1,892	854	2,746
175	AIR CONDITIONER	3/26/2007	F-10	100.00%	433	0	0	0	433	7	200DB	HY	168	76	244
151	DELL COMPUTER	5/13/2007	F-5	100.00%	1,100	0	0	0	1,100	5	200DB	HY	572	211	783
152	DELL LAPTOP	5/18/2007	F-5	100.00%	650	0	0	0	650	5	200DB	HY	338	125	463
178	DESK FOR KVAZ	5/22/2007	F-11	100.00%	400	0	0	0	400	7	200DB	HY	155	70	225
179	AIR CONDITIONER	6/5/2007	F-10	100.00%	464	0	0	0	464	7	200DB	HY	180	81	261
196	PARIS, TX TRANSLAT	6/28/2007	F-17	100.00%	5,000	0	0	0	5,000	15	150DB	HY	725	428	1,153
183	REFRIGERATOR	7/3/2007	F-11	100.00%	680	0	0	0	680	7	200DB	HY	264	119	383
184	COAX AND EQUIP PA	7/16/2007	F-17	100.00%	25,000	0	0	0	25,000	15	150DB	HY	3,625	2,138	5,763
185	TRAILER	7/25/2007	F-10	100.00%	1,000	0	0	0	1,000	7	200DB	HY	388	175	563
197	TOWER FOR KVAZ	8/3/2007	F-17	100.00%	90,360	0	0	0	90,360	15	150DB	HY	13,102	7,726	20,828
153	DELL COMPUTER/MC	9/12/2007	F-5	100.00%	823	0	0	0	823	5	200DB	HY	428	158	586
190	CHAIN LINK FENCE	11/1/2007	F-10	100.00%	976	0	0	0	976	7	200DB	HY	378	171	549
193	TRANSMITTER FOR I	11/21/2007	F-17	100.00%	4,000	0	0	0	4,000	15	150DB	HY	580	342	922
201	CABLES, EQUIP	1/21/2008	F-10	100.00%	3,164	0	0	0	3,164	7	200DB	HY	452	775	1,227
202	AIR CONDITIONER	1/23/2008	F-11	100.00%	558	0	0	0	558	7	200DB	HY	80	137	217
203	OFFICE DESK	2/8/2008	F-17	100.00%	1,352	0	0	0	1,352	7	200DB	HY	193	331	524
204	HENRYETTA TRANSA	3/4/2008	F-10	100.00%	4,000	0	0	0	4,000	15	150DB	HY	200	380	580
205	2 TELEPHONE INTER	4/15/2008	F-6	100.00%	510	0	0	0	510	5	200DB	HY	102	163	265
209	2 WEED EATERS	4/28/2008	F-17	100.00%	431	0	0	0	431	7	200DB	HY	62	106	168
211	TRANSMITTER	4/29/2008	F-10	100.00%	5,000	0	0	0	5,000	15	150DB	HY	250	475	725
213	AIR CONDITIONER	4/30/2008	F-10	100.00%	381	0	0	0	381	7	200DB	HY	54	93	147
214	2 AIR CONDITIONER	5/5/2008	F-17	100.00%	686	0	0	0	686	7	200DB	HY	98	168	266
198	ADA TRANSLATOR	5/23/2008	F-17	100.00%	5,500	0	0	0	5,500	15	150DB	HY	275	523	798
227	PURCELL TRANSLAT	6/17/2008	F-17	100.00%	4,000	0	0	0	4,000	15	150DB	HY	200	380	580
215	TRANSMITTER FOR I	6/20/2008	F-5	100.00%	1,506	0	0	0	1,506	15	150DB	HY	75	143	218
199	5 DELL COMPUTERS	7/2/2008	F-10	100.00%	7,428	0	0	0	7,428	5	200DB	HY	1,486	2,377	3,863
216	ANTENNA/TRANSMIT	8/22/2008	F-10	100.00%	504	0	0	0	504	7	200DB	HY	72	123	195
200	DUNCAN TRANSLAT	8/15/2008	F-17	100.00%	6,500	0	0	0	6,500	15	150DB	HY	325	618	943
219	REMOTE MIXER	9/1/2008	F-17	100.00%	1,127	0	0	0	1,127	7	200DB	HY	161	276	437
226	FITSTOWN TOWER	10/17/2008	F-10	100.00%	22,872	0	0	0	22,872	15	150DB	HY	1,144	2,173	3,317
221	PROCESSOR	12/5/2008	F-10	100.00%	3,595	0	0	0	3,595	7	200DB	HY	514	880	1,394
222	BLOWER FOR TRAN	12/12/2008	F-10	100.00%	763	0	0	0	763	7	200DB	HY	109	187	296
224	WATONGA ANTENNA	3/1/2009	F-5	100.00%	755	0	0	0	755	7	200DB	HY	108	185	293
235	3 COMPUTER SYSTE	7/29/2009	F-5	100.00%	6,768	0	0	0	6,768	5	200DB	HY	0	1,354	1,354
231	1 STATION COMPUTI	7/30/2009	V-2	100.00%	3,200	0	0	0	3,200	5	200DB	HY	0	640	640
239	RV FOR TRANSMITT	10/1/2009	F-7	100.00%	1,925	0	0	0	1,925	5	200DB	HY	0	385	385
242	PRINTER/COPIER	7/1/2009	F-10	100.00%	500	0	0	0	500	5	200DB	HY	0	100	100
238	A/C FOR 103 9	9/5/2009	F-10	100.00%	616	0	0	0	616	7	200DB	HY	0	88	88
241	MIXER	10/22/2009	F-10	100.00%	280	0	0	0	280	7	200DB	HY	0	40	40
243	LIGHT FOR HENRYET	1/21/2009	F-17	100.00%	2,041	0	0	0	2,041	7	200DB	HY	0	292	292
232	ANTENNA/TRANSMIT	8/24/2009	F-17	100.00%	2,601	0	0	0	2,601	15	150DB	HY	0	130	130
240	TRANSMITTER 2500F		F-17	100.00%	1,945	0	0	0	1,945	15	150DB	HY	0	97	97
<b>Listed Property</b>															
<b>Listed property with more than 50% business use (Line 25 and 26)</b>															
68	2 COMPUTERS	11/21/2003	F-4	100.00%	1,341	0	0	0	1,341	5	200DB	HY	1,339	0	1,339
84	2 COMPUTERS	8/4/2005	F-4	100.00%	1,200	0	0	0	1,200	5	200DB	HY	992	138	1,130
189	2 EXCITERS, 1 TRIPL	9/6/2007	F-8	100.00%	9,623	0	0	0	9,623	7	200DB	HY	3,732	1,683	5,415
125	2 MICS, MOUNT BASI	8/28/2006	F-8	100.00%	3,475	0	0	0	3,475	7	200DB	MQ3	1,891	452	2,343
191	2 RADIOS	11/13/2007	F-8	100.00%	302	0	0	0	302	7	200DB	HY	117	53	170
132	2 SPEAKERS	10/19/2006	F-8	100.00%	150	0	0	0	150	7	200DB	MQ4	76	21	97
207	2 SPEAKERS	4/4/2008	F-15	100.00%	600	0	0	0	600	5	200DB	HY	120	192	312
41	2000 MODEL CHEVY	10/5/2000	V-5	100.00%	20,814	0	0	0	20,814	5	200DB	HY	20,814	0	20,814
95	3 BAY ANTENNA	8/11/2005	F-8	100.00%	1,856	0	0	0	1,856	7	200DB	HY	1,277	166	1,443
101	4 BROADCAST HEAD	8/29/2005	F-8	100.00%	1,877	0	0	0	1,877	7	200DB	HY	1,290	168	1,458

## Form 4562 Statement - 990

12/31/2009

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec., 179 Bonus	2009 Deprec	2009 Accum Deprec
67	5 COMPUTERS	10/31/2003	F-4	100 00%	11,364	0	0	0	11,364	5	200DB	HY	11,364	0	11,364
129	8 CHANNEL SPLITTE	9/25/2006	F-8	100 00%	111	0	0	0	111	7	200DB	MQ3	60	14	74
139	ADA TRANSLATOR	9/27/2007	F-8	100 00%	2,500	0	0	0	2,500	7	200DB	HY	969	437	1,406
233	ANTENNA	4/24/2009	F-15	100 00%	755	0	0	0	755	5	200DB	HY	0	151	151
234	ANTENNA	1/24/2009	F-15	100 00%	803	0	0	0	803	5	200DB	HY	0	161	161
181	ANTENNA	6/12/2007	F-8	100 00%	808	0	0	0	808	7	200DB	HY	313	141	454
192	ANTENNA FOR HENF	11/16/2007	F-8	100 00%	5,200	0	0	0	5,200	7	200DB	HY	2,016	909	2,925
188	ANTENNA FOR PURC	8/27/2007	F-8	100 00%	1,221	0	0	0	1,221	7	200DB	HY	473	214	687
212	ANTENNAS	4/28/2008	F-15	100 00%	2,500	0	0	0	2,500	5	200DB	HY	500	800	1,300
217	AUDIO PROCESSOR	7/31/2008	F-15	100 00%	1,724	0	0	0	1,724	5	200DB	HY	345	552	897
187	AUDIO PROCESSOR	8/3/2007	F-8	100 00%	1,637	0	0	0	1,637	7	200DB	HY	635	286	921
186	AUDIO PROCESSOR	8/3/2007	F-8	100 00%	1,637	0	0	0	1,637	7	200DB	HY	635	286	921
208	BARIX INSTREAMER	4/8/2008	F-8	100 00%	596	0	0	0	596	7	200DB	HY	85	146	231
225	BARIX INSTREAMER	12/22/2008	F-15	100 00%	600	0	0	0	600	5	200DB	HY	120	192	312
229	BLUE NISSAN SENTF	5/28/2008	V-5	100 00%	10,000	0	0	0	10,000	5	200DB	HY	2,000	3,200	5,200
133	BOARD FOR WATON	11/8/2006	F-8	100 00%	229	0	0	0	229	7	200DB	MQ4	116	32	148
127	BROADCAST HEADS	9/14/2006	F-8	100 00%	223	0	0	0	223	7	200DB	MQ3	122	29	151
218	BROADCAST HEADS	8/20/2008	F-15	100 00%	1,589	0	0	0	1,589	5	200DB	HY	318	508	826
206	CD PLAYER, MIXER	3/13/2008	F-15	100 00%	760	0	0	0	760	5	200DB	HY	152	243	395
210	COAX CABLE	4/16/2008	F-15	100 00%	2,653	0	0	0	2,653	5	200DB	HY	531	849	1,380
16	COMPUTER	5/30/1999	F-4	100 00%	1,700	0	0	0	1,700	5	200DB	HY	1,700	0	1,700
17	COMPUTER	6/11/1999	F-4	100 00%	640	0	0	0	640	5	200DB	HY	640	0	640
18	COMPUTER	6/18/1999	F-4	100 00%	818	0	0	0	818	5	200DB	HY	818	0	818
51	COMPUTER	10/20/2000	F-4	100 00%	1,090	0	0	0	1,090	5	200DB	HY	1,090	0	1,090
70	COMPUTER	12/24/2003	F-4	100 00%	1,755	0	0	0	1,755	5	200DB	HY	1,755	0	1,755
83	COMPUTER	7/14/2005	F-4	100 00%	4,129	0	0	0	4,129	5	200DB	HY	3,416	476	3,892
85	COMPUTER	9/7/2005	F-4	100 00%	436	0	0	0	436	5	200DB	HY	361	50	411
140	COMPUTER	9/20/2006	F-4	100 00%	873	0	0	0	873	5	200DB	HY	622	101	723
141	COMPUTER	9/22/2006	F-4	100 00%	867	0	0	0	867	5	200DB	HY	616	100	716
139	COMPUTER	9/18/2006	F-4	100 00%	216	0	0	0	216	5	200DB	HY	153	25	178
22	COMPUTER EQUIPM	11/7/1999	F-4	100 00%	874	0	0	0	874	5	200DB	HY	874	0	874
48	COMPUTER HARDW	8/29/2000	F-4	100 00%	423	0	0	0	423	5	200DB	HY	423	0	423
47	COMPUTER PARTS	8/2/2000	F-4	100 00%	593	0	0	0	593	5	200DB	HY	593	0	593
60	COMPUTER-KTGS	6/21/2002	F-4	100 00%	650	0	0	0	650	5	200DB	HY	650	0	650
10	COMPUTERS	1/1/1999	F-4	100 00%	5,450	0	0	0	5,450	5	200DB	HY	5,450	0	5,450
142	COMPUTERS	9/25/2006	F-4	100 00%	4,084	0	0	0	4,084	5	200DB	HY	2,908	470	3,378
82	COMPUTERS FROM I	1/20/2004	F-4	100 00%	6,000	0	0	0	6,000	5	200DB	HY	5,654	346	6,000
135	COMPUTERS-DELL	12/12/2006	F-4	100 00%	539	0	0	0	539	5	200DB	MQ4	355	74	429
137	DELL COMPUTER	12/13/2006	F-4	100 00%	409	0	0	0	409	5	200DB	MQ4	268	56	324
90	EAS MACHINE	7/13/2005	F-8	100 00%	100	0	0	0	100	7	200DB	HY	67	9	76
104	EMERG BROADCAST	9/30/2005	F-8	100 00%	1,782	0	0	0	1,782	7	200DB	HY	1,226	159	1,385
180	EQUIPMENT FOR EN	6/8/2007	F-8	100 00%	5,000	0	0	0	5,000	7	200DB	HY	1,940	875	2,815
89	EXCITER	7/13/2005	F-8	100 00%	200	0	0	0	200	7	200DB	HY	138	18	156
244	INTRAPLEX PSY60AC	10/29/2009	F-8	100 00%	661	0	0	0	661	7	200DB	HY	0	94	94
118	LAPTOP COMPUTER	1/10/2006	F-4	100 00%	434	0	0	0	434	5	200DB	MQ1	333	48	381
124	MACKIE BOARD	8/25/2006	F-8	100 00%	1,410	0	0	0	1,410	7	200DB	MQ3	768	184	952
126	MACKIE BOARD	8/30/2006	F-8	100 00%	249	0	0	0	249	7	200DB	MQ3	136	32	168
194	MARTY UNIT	11/30/2007	F-8	100 00%	1,000	0	0	0	1,000	7	200DB	HY	388	175	563
109	MIXER BOARD	12/3/2005	F-8	100 00%	1,480	0	0	0	1,480	7	200DB	HY	1,017	132	1,149
69	MONITORS	12/23/2003	F-4	100 00%	150	0	0	0	150	5	200DB	HY	150	0	150
121	MUSICAL EQUIPMEN	7/5/2006	F-8	100 00%	1,482	0	0	0	1,482	7	200DB	MQ3	807	193	1,000
220	OFFICE PHONE SYS	9/15/2008	F-8	100 00%	4,265	0	0	0	4,265	7	200DB	HY	609	1,044	1,653
102	OPTIMOD	9/7/2005	F-8	100 00%	1,539	0	0	0	1,539	7	200DB	HY	1,058	137	1,195
117	PENT 4 COMPUTER	1/1/2006	F-4	100 00%	710	0	0	0	710	5	200DB	HY	505	82	587
128	PHONE INTERPHASE	9/18/2006	F-8	100 00%	928	0	0	0	928	7	200DB	MQ3	505	121	626
177	PROJECTOR	5/9/2007	F-8	100 00%	569	0	0	0	569	7	200DB	HY	220	100	320



## Form 4562 Statement - 990

12/31/2009

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec 179 Bonus	2009 Deprec	2009 Accum Deprec
223	SMALL PORTABLE ST	12/12/2008	F-8	100 00%	429	0	0	0	429	7	200DB	HY	61	105	166
120	SOUND EQUIPMENT	6/26/2006	F-8	100 00%	3,000	0	0	0	3,000	7	200DB	MQ2	1,743	359	2,102
176	SOUND EQUIPMENT	5/9/2007	F-8	100 00%	570	0	0	0	570	7	200DB	HY	221	100	321
134	TELEPHONE INTERF	11/10/2006	F-8	100 00%	271	0	0	0	271	7	200DB	MQ4	138	38	176
170	TOWER EXTENSION	2/7/2007	F-8	100 00%	17,430	0	0	0	17,430	7	200DB	HY	6,760	3,049	9,809
136	TOWER EXTENSION	12/13/2006	F-8	100 00%	15,000	0	0	0	15,000	7	200DB	MQ4	7,621	2,109	9,730
237	TOWER LIGHT	6/4/2009	F-15	100 00%	1,474	0	0	0	1,474	5	200DB	HY	0	295	295
88	TRANSMITTER	7/13/2005	F-8	100 00%	1,500	0	0	0	1,500	7	200DB	HY	1,030	134	1,164
103	TRANSMITTER	9/9/2005	F-8	100 00%	4,085	0	0	0	4,085	7	200DB	HY	2,808	365	3,173
138	TRANSMITTER PART	12/31/2006	F-8	100 00%	2,133	0	0	0	2,133	7	200DB	MQ4	1,084	300	1,384
182	TRANSMITTER, PRO	6/13/2007	F-8	100 00%	15,357	0	0	0	15,357	7	200DB	HY	5,956	2,686	8,642
236	TUBES FOR TRANSM	5/8/2009	F-15	100 00%	1,689	0	0	0	1,689	5	200DB	HY	0	338	338
230	WHITE NISSAN SENT	5/28/2008	V-5	100 00%	10,000	0	0	0	10,000	5	200DB	HY	2,000	3,200	5,200
Total listed prop with > 50% business use					214,591	0	0	0	214,591				120,037	30,202	150,239
Subtotal Listed Property					214,591	0	0	0	214,591				120,037	30,202	150,239
Total Amortization (Line 44)															
81	LICENSE FOR KIMY	1/20/2004	Z-9	100 00%	119,500	0	0	0	119,500	15	SL	FM	39,835	7,967	47,802
110	LICENSE FOR KVAZ	7/13/2005	Z-9	100 00%	10,050	0	0	0	10,050	15	SL	FM	2,345	670	3,015
246	HOLIDAY TX CP	4/3/2009	Z-9	100 00%	100,000	0	0	0	100,000	15	SL	FM	0	5,000	5,000
247	GRANITE, OK CP	4/3/2009	Z-9	100 00%	45,000	0	0	0	45,000	15	SL	FM	0	2,250	2,250
245	CHANUTE, KS-TULSA	5/21/2009	Z-9	100 00%	23,000	0	0	0	23,000	15	SL	FM	0	1,022	1,022
Total Total Amortization (Line 44)					297,550	0	0	0	297,550				42,180	16,909	59,089

## Form 4562 Statement - 990

12/31/2009

Item No	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec., 179 Bonus	2009 Deprec	2009 Accum Deprec
112	SOFTWARE	6/23/2006	F-1	100.00%	4,164	0	0	0	4,164	3	SL	FM	3,586	578	4,164
140	SOFTWARE	2/22/2007	F-1	100.00%	2,059	0	0	0	2,059	3	SL	FM	1,315	686	2,001
228	BROADCASTING SOF	6/20/2008	F-1	100.00%	4,105	0	0	0	4,105	3	SL	FM	798	1,368	2,166
53	COMPUTER MONITO	1/10/2002	F-10	100.00%	174	0	0	0	0	7	200DB	HY	168	6	174
54	DIGITAL CAMERA	1/15/2002	F-10	100.00%	432	0	0	0	0	7	200DB	HY	415	17	432
55	TRANSMITTER	2/22/2002	F-10	100.00%	11,600	0	0	0	11,600	7	200DB	HY	11,084	516	11,600
56	SCANNER	4/13/2002	F-10	100.00%	115	0	0	0	115	7	200DB	HY	108	5	113
52	12 FT TRAILER	4/19/2002	F-10	100.00%	2,620	0	0	0	2,620	7	200DB	HY	2,503	117	2,620
57	ANTENNA	5/1/2002	F-10	100.00%	7,329	0	0	0	7,329	7	200DB	HY	7,001	327	7,328
58	CD PLAYER	5/1/2002	F-10	100.00%	273	0	0	0	273	7	200DB	HY	260	12	272
59	BACK UP TRANSMIT	5/1/2002	F-10	100.00%	2,179	0	0	0	2,179	7	200DB	HY	2,082	97	2,179
61	EXCITER-KTGS	6/26/2002	F-10	100.00%	1,300	0	0	0	1,300	7	200DB	HY	1,241	58	1,299
62	ROUTER WITH 4 POF	7/23/2002	F-10	100.00%	119	0	0	0	119	7	200DB	HY	115	4	119
63	POLYPHASER	8/1/2002	F-10	100.00%	166	0	0	0	166	7	200DB	HY	160	6	166
64	UPS MACHINE	8/15/2002	F-10	100.00%	174	0	0	0	174	7	200DB	HY	168	6	174
65	AMPLIFIER	9/9/2002	F-10	100.00%	689	0	0	0	689	7	200DB	HY	659	30	689
66	2 SPEAKERS	6/3/2003	F-10	100.00%	375	0	0	0	375	7	200DB	HY	325	33	358
71	GENERATOR	1/1/2004	F-10	100.00%	4,500	0	0	0	4,500	7	200DB	HY	3,496	401	3,897
77	REFLECTIVE SIGN	1/20/2004	F-10	100.00%	1,364	0	0	0	1,364	7	200DB	HY	1,060	122	1,182
80	TRAILER FOR KIMY	1/20/2004	F-10	100.00%	7,500	0	0	0	7,500	7	200DB	HY	5,828	669	6,497
72	BROADCAST HEADS	2/10/2004	F-10	100.00%	453	0	0	0	453	7	200DB	HY	352	40	392
78	2002 Z71 PICKUP	6/24/2004	V-4	100.00%	17,669	0	0	0	17,669	5	200DB	HY	16,650	1,018	17,668
73	EQUIPMENT	8/17/2004	F-10	100.00%	300	0	0	0	300	7	200DB	HY	232	27	259
74	LASER PRINTER	8/17/2004	F-11	100.00%	502	0	0	0	502	7	200DB	HY	391	45	436
75	LIVE BROADCAST EC	9/6/2004	F-10	100.00%	1,173	0	0	0	1,173	7	200DB	HY	912	105	1,017
76	FAX MACHINE	10/29/2004	F-11	100.00%	100	0	0	0	100	7	200DB	HY	76	9	85
86	RADIO BROADCASTII	3/10/2005	F-10	100.00%	250	0	0	0	250	7	200DB	HY	172	22	194
87	DUEL CASSETTE	4/18/2005	F-10	100.00%	200	0	0	0	200	7	200DB	HY	138	18	156
91	TOWER	7/13/2005	F-10	100.00%	13,000	0	0	0	13,000	7	200DB	HY	8,940	1,161	10,101
92	MIXER BOARD	7/13/2005	F-10	100.00%	150	0	0	0	150	7	200DB	HY	103	13	116
93	HP COLOR LASER PF	8/4/2005	F-6	100.00%	3,000	0	0	0	3,000	5	200DB	HY	2,482	346	2,828
97	LATERAL FILE CABIN	8/12/2005	F-11	100.00%	900	0	0	0	900	7	200DB	HY	618	80	698
97	LATERAL FILE CABIN	8/12/2005	F-11	100.00%	900	0	0	0	900	7	200DB	HY	618	80	698
98	HP 4100 LASER PRIN	8/12/2005	F-11	100.00%	900	0	0	0	900	7	200DB	HY	618	80	698
99	3 LEATHER OFFICE C	8/12/2005	F-11	100.00%	200	0	0	0	200	7	200DB	HY	138	18	156
105	CANNON PC PRINTEI	10/4/2005	F-6	100.00%	600	0	0	0	600	5	200DB	HY	496	69	565
106	LG GLASS DISPLAY C,	10/4/2005	F-11	100.00%	750	0	0	0	750	7	200DB	HY	516	67	583
107	4 LEATHER CHAIRS	10/4/2005	F-11	100.00%	225	0	0	0	225	7	200DB	HY	154	20	174
108	HP DESKJET 5650 PI	10/4/2005	F-6	100.00%	110	0	0	0	110	5	200DB	HY	91	13	104
119	4 BAY ANTENNA	2/1/2006	F-10	100.00%	9,359	0	0	0	9,359	7	200DB	MQ1	5,779	1,023	6,802
115	IMPROVEMENTS OFI	2/10/2006	R-5	100.00%	6,000	0	0	0	6,000	39	SL/GDS	MM	443	154	597
113	OFFICE BUILDING	7/19/2006	R-5	100.00%	61,877	0	0	0	61,877	39	SL/GDS	MM	3,902	1,587	5,489
116	TOWER	7/19/2006	F-10	100.00%	155,344	0	0	0	155,344	7	200DB	HY	87,024	19,402	106,426
123	AIR COMPRESSOR	8/16/2006	F-10	100.00%	174	0	0	0	174	7	200DB	MQ3	95	23	118
111	16 X 24 STORAGE BL	9/2/2006	F-10	100.00%	10,600	0	0	0	10,600	7	200DB	HY	5,965	1,324	7,289
130	3 SETS OF SCAFFOL	10/2/2006	F-10	100.00%	553	0	0	0	553	7	200DB	MQ4	281	78	359
131	1 SET OF SCAFFOLD	10/2/2006	F-10	100.00%	190	0	0	0	190	7	200DB	MQ4	96	27	123
150	DELL COMPUTER SY	1/5/2007	F-5	100.00%	2,618	0	0	0	2,618	5	200DB	HY	1,362	503	1,865
154	OFFICE FURNITURE	1/11/2007	F-11	100.00%	883	0	0	0	883	7	200DB	HY	342	154	496
155	FILE CABINET, OFFIC	1/11/2007	F-11	100.00%	1,850	0	0	0	1,850	7	200DB	HY	717	324	1,041
156	LIGHT KIT FOR KTGS	1/18/2007	F-17	100.00%	8,000	0	0	0	8,000	15	150DB	HY	1,160	684	1,844
158	DIGITAL WRITING PA	1/22/2007	F-5	100.00%	307	0	0	0	307	5	200DB	HY	159	59	218
157	CONFERENCE TABLI	1/28/2007	F-11	100.00%	509	0	0	0	509	7	200DB	HY	198	89	287
171	COAX CABLE AND C	2/8/2007	F-10	100.00%	690	0	0	0	690	7	200DB	HY	268	121	389
172	OFFICE DESK AND C	2/8/2007	F-11	100.00%	544	0	0	0	544	7	200DB	HY	211	95	306
173	2 COMPUTERS, 15" S	2/23/2007	F-5	100.00%	1,903	0	0	0	1,903	5	200DB	HY	990	365	1,355
174	TRANSMITTER FOR :	3/13/2007	F-17	100.00%	3,421	0	0	0	3,421	15	150DB	HY	496	292	788

## **Elections**

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### **Election to NOT claim first-year special depreciation - All Property**

The Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year

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PART IX  
LINE 24-OTHER EXPENSES

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM</u>	<u>MANAGEMENT AND GENERAL</u>
DUES & SUBS	9,413	9,413	
POSTAGE & DEL	15,370	7,685	7,685
PRINTING & REPRO	6,866	6,866	
RENT	72,582	72,582	
REPAIRS	2,748	2,748	
CREDIT CARD MAINT	11,302	11,302	
FILING FEES	60		60
PROPERTY TAX	4,340		4,340
CONTRIBUTIONS	37,628	37,628	
SUPPLIES			
AUTOMOBILE EXP	3,922	3,922	
BANK SERVICE CH	6,451		6,451
TELEPHONE	17,455	10,473	6,982
PROGRAM EXPENSE	972	972	
TOTAL EXPENSE	<u>189,109</u>	<u>163,591</u>	<u>25,518</u>

Form **4562**

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return SOUTH CENTRAL OKLAHOMA CHRISTIAN B	Business or activity to which this form relates 990	Identifying number 73-1435888
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**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	25,258
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,632

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	55,048
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		12,393	5	HY	200DB	2,479
c 7-year property		2,937	7	HY	200DB	420
d 10-year property						
e 15-year property		4,546	15	HY	150DB	227
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21	30,202
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	91,008
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

(HTA)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for dep- reciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . <b>25</b>								
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
See statement		%					30,202	
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . . <b>28</b>							30,202	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . <b>29</b>								0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	See Stmt											
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions):					
See statement					8,272
<b>43</b> Amortization of costs that began before your 2009 tax year . . . . .				<b>43</b>	8,637
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	16,909

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	SOUTH CENTRAL OKLAHOMA CHRISTIAN BROADCASTING, INC.	73-1435888
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P.O. BOX 1343	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ADA	OK 74820

**Check type of return to be filed (file a separate application for each return).**

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SHARLA FREDERICK 4200 CR 1610 ROFF OK 74865**

Telephone No ▶ **(580) 456-7858**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15/2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year **2009** or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.  
(HTA)

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.  
**Note.** Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	SOUTH CENTRAL OKLAHOMA CHRISTIAN BROADCASTING, INC.	73-1435888
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	P.O. BOX 1343	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ADA OK 74821	

**Check type of return to be filed** (File a separate application for each return):

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **SHARLA FREDERICK, 4200 CR 1610, ROFF, OK 74865**  
Telephone No. **(580) 456-7856** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **11/15/2010**
- For calendar year **2009**, or other tax year beginning  and ending
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO ACCURATELY REFLECT REPORT CONSTRUCTION PERMITS BY LOCATION; THEREFORE AN EXTENSION OF TIME IS RESPECTFULLY REQUESTED**

<b>8 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>0</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Sharon Owen - Conway** Title **CPA**

Date **7/19/2010**

Form **8868** (Rev. 4-2009)

2